

EXHIBIT C



Financial Questionnaire

American General Life Insurance Company, Houston, TX
 The United States Life Insurance Company in the City of New York, New York, NY
 AIG Life Insurance Company, Wilmington, DE

Member companies of American International Group, Inc.

In this questionnaire, the "Company" refers to the insurance company whose name is checked above.

The insurance company shown above is solely responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Proposed Insured

Please complete questions 1 through 4 for personal insurance or questions 1 through 11 if the insurance is for business purposes, then date and sign the questionnaire.

Proposed Insured CHARLIE FUNK

Date of birth 9/1/38

Social Security # 083-26-2771

1. Your Income (before income tax).

Current fiscal year

Previous fiscal year

(Date 1/1/07 thru 1/1/08)

Salary or wages

Bonuses and/or commissions

Net business or professional income

(i.e., Gross income less business expenses, but not below personal income)

Other earned income (give details in Remarks below)

Unearned income (interest and dividends, net real estate income, etc.)

(give details in Remarks below)

1,800,000.00

1,712,000.00

TOTAL 1,800,000.00

1,712,000.00

2. What is your approximate net worth, i.e., assets minus liabilities? (If necessary, give details in "Remarks" below)

Current fiscal year

Previous fiscal year

(Date 1/1/07 thru 1/1/08)

Personal Assets

24,325,000.00

23,160,000

Business Assets

Liabilities

2,225,000.00

2,085,000

Net worth

22,100,000.00

20,075,000

3. Estimated tax liabilities at death (include potential estate taxes, inheritance taxes and capital gains taxes, both federal and state)

10,000,000

4. How was the need for this new amount of coverage determined?

NET WORTH OF ASSETS calculated with EXPECTED
INHERITANCE TAXES.

Remarks (questions 1-4)

Annual

2) THE ASSETS ARE WITHOUT CURRENT INCOME

5. Purpose of business insurance

Key Executive Deferred Compensation Buy-Sell Agreement/Stock Repurchase Other

Other purpose — explain: _____

6. Is there a written buy/sell agreement in effect? (If yes, attach copy) Yes No

Is there a buy/sell agreement contemplated? Yes No

7. Creditor: Name of lender _____

Is insurance requested by lender? Yes No

Coverage amount requested by creditor: _____

Purpose of loan: _____

(Use "Remarks" below for further details.)

8. Are other corporate officers or partners being insured? Yes No

If yes, give details, if no, explain: _____

9. What percentage of the business do you own? _____ %

10. Estimated fair market value of business: _____

(In "Remarks" state how this value was determined)

11. Financial details of business: Current fiscal year Previous fiscal year
 (Date 1/1 thru 1/1)

A. Total assets: _____

B. Total liabilities: _____

C. Gross sales or revenue: _____

D. Net income (before taxes): _____

Please submit a copy of the most recent balance sheet and income statement (year or quarter).

Remarks (questions 5-11): _____

Agreement: All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of, the application for insurance.

X Owner John Dink Date 5/7/08
 Signed at (City, State) LAKEWOOD NJ

X Witness Elie Dink Date 5/7/08

X Proposed insured John Dink Date 5/7/08
 (If under age 18, signature of parent or guardian)